Statement of Organization - Candidate Committee

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Is this staten	nent:	N 2 6 2025
X New	Amended	L
	D.,	 V

Use this form to create a new or update an existing candidate committee.

T	nis	form	must	be accom	nanied l	bv '	form	CRO.	-3500.	An	amended	form	is rec	nuired	for	each	new e	election v	vear.
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1. Committee In a. Name of Commit				d. ID Number			
		TO THE PARTY OF TH		u. 15 Tumber			
William Propst for				D . O . I . I			
5291 S NC 127 I	(include City, State and Zip Code)			e. Date Organized			
Hickory, NC 286				6/26/2025			
c. Committee Websi				f. Phone Number			
				828-661-8755			
2. Candidate In	formation						
a. Full Name		e. Party Affiliation					
Kenneth William	Propst Jr	Republican					
b. Mailing Address	(include City, State, and Zip Code)	f. Office Sought					
5291 S NC 127 I	Hwy	Sheriff					
Hickory, NC 286	502						
c . Phone Number	d. Email Address	g. Next Election Year	h	. Jurisdiction			
828-661-8755	kw.propst@gmail.com	2026					
☐ Email copy o		2026		County			
3. Treasurer Inf		4. Assistant Treas	urer Info	rmation			
a. Full Name		a. Full Name					
Kenneth William	Propst Jr	N/A					
b. Mailing Address	(include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)					
5291 S NC 127 I							
Hickory, NC 286	02						
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address				
828-661-8755	kw.propst@gmail.com						
	tices by email X Yes No	☐ Email copy of		tices			
	Books Information (Keeper of Re-			ncl. CRO-3500)			
a. Full Name		a. Financial Institution Full Name					
	N/A	Truist					
b. Mailing Address	(include City, State, and Zip Code)	b. Purpose					
		Campaign Account					
c. Phone Number	d. Email Address	b. Account Code	c. Type				
		1117		Checking			
☐ Email copy	of report notices	111/		Checking			
further certify the NC General further certify the Printed I certify that the the duties and res	e Committee is in compliance with a la Statutes and that no funds are committed that this report is complete, true and Name of Treasurer Signiformation above is correct, and I, sponsibilities imposed upon the apport of the NC General Statutes.	mingled with prohibicorrect. gnature of Appointed Tree as the candidate, app	asurer	er non-disclosed funds. I Date reasurer to personally fulfill			
Printed 1	Name of Candidate	Signature of Candidate Date					
		- Bulling of Canadan	N.	Date			



Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name:	Kenneth William Propst Jr				
Committee Name:	William Propst for Sheriff				
Treasurer Name:	Kenneth William Propst Jr				
If Candidate is own trea	surer, designate an agent to carry out designations: Elaine Propst				
Committee ID#:					
Level Registered:	[State] [County] If county, specify: Catawba				
I, Kenneth William Propst Jr hereby direct that in the event of my death or incapacity all					
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).					
Name of Entity (Select from §163-278.16B(a)) Plan for Disbursement (eg. Amount or %)					
1. Catawba County Rep	ublican Party 100%				
2					
3.					
	certify that the foregoing entities are eligible beneficiaries under N.C. 16B(a). A copy of this form should be maintained with the Committee				

Candidate Designation of Committee Funds

CRO-3900